

Clerk of the House of Representatives Legislative Resource Center B-306 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 212 Hart Building Washington, DC 20510
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SECRETARY OF THE SENATE

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**LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 1-1-2000

2. House Identification Number \_\_\_\_\_

Senate Identification Number \_\_\_\_\_

**REGISTRANT**

3. Registrant name Ohio Hospital Association

Address 155 East Broad Street, 15th Floor

City Columbus State OH Zip 43215-3620

4. Principal place of business (if different from line 3)  
City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

5. Telephone number and contact name  
(614) 221-7614 Contact Debbie Wolfe E-mail (optional) dbobbiew@ohanet.org

6. General description of registrant's business or activities  
Trade Association Representing Ohio's Hospitals

**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.*  Self

7. Client name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

8. Principal place of business (if different from line 7)  
City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities \_\_\_\_\_

**LOBBYISTS**

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
John E. Callender	
Jessie E. Cannon	

Form LD-1 (Rev. 06-98)

Registrant Name Ohio Hospital Association Client Name \_\_\_\_\_

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

HCR      BUD      MMM      IRS      LBR      GOV

12. Specific lobbying issues (current and anticipated)

- \* H.R. 3075 Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act - restoration of Medicare/Medicaid funding to hospitals and other providers
- ° H.R. 3065/S.1728 - exempting Ohio from Medicaid DSH hospital specific payment Cap
- ° Anticipate efforts on Medicare reform - health care tax reform

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

No => Go to line 14.

Yes | Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

No => Sign and date the registration.

Yes | Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client

Signature John B. Callender Date 01/03/00

Printed Name and Title JOHN B. CALLENDER SENIOR VICE PRESIDENT